CHECK CASHER REGISTRATION FORM

Bureau of Financial Institutions State Corporation Commission 1300 East Main Street, Suite 800 Post Office Box 640 Richmond, Virginia 23218-0640 Telephone (804) 371-9690

INSTRUCTIONS

Attach the following:

- (1) A check for \$200 (non-refundable) payable to the Treasurer of Virginia.
- (2) A schedule of fees to be charged at each registered location.
- (3) A copy of the trade name registration, if applicable. (Registrants intending to operate using a trade name must register the trade name with the circuit court(s) in the jurisdiction(s) where business will be conducted. Corporate, limited liability company, and limited partnership applicants must file a certified copy of the trade name registration with the Clerk of the State Corporation Commission.)

The undersigned hereby wishes to register with the State Corporation Commission as a Check Casher pursuant to Title 6.1, Chapter 17 of the Code of Virginia.

1.	Name of Registrant							
2.	Trade	name	[c	//b/a],	if	any		
3.	on (check one):							
	() Corporation	() Partnership	() Sole	Proprietorship	() Limited Liabilit	y Company		
4.	If a corporation, indicate state and date of incorporation							
	Name and address of re	egistered agent in Vi	irginia					
5.	If a partnership, indicat	If a partnership, indicate state and date where partnership formed						
	Type of Partnership (ch	neck one): Ge	eneral		Limited			
6.	If a sole proprietorship							
7.	Name and address of parent company, if any							
8.	Individual responsible for filing this form(Name and Title)							
				(,			
	(Mailing Address)							
	(Talanhana M	Number/E-mail Add	race)	-				
	(Telephone I	vuinoci/L-man Auu	1000)					

9.	Is the registrant or any of Virginia? YES	affiliates or subsidiaries conducting a check cashing business in states other than NO If yes, provide the following information:				
N	Name of State	Name Business Conducted Under	Date Registered or Licensed			
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-						
		(Attach additional sheets as necessary)				
10.	List each location where c code and telephone number	heck cashing business will be conducted in Virgor for each location):	inia (Include street address, city, zip			
-		(Attach additional sheets as necessary)				

Name	Residence Address	Title in Organization	# of Shares Owned	% of Ownership
	(Attach addit	ional sheets as necessary)		
	CE	RTIFICATION		
and that to the b	d certifies that he/she has been duly est of his/her knowledge, information contain no misstatement of fact and of	on, and belief, the registration	on form and accomp	
	Name (Type or Print)		Signature	
			Title	
Sworn to and su	bscribed before me this	day of	·	·
			Notary Public	

11. List the name, residence, title, and ownership of **each director**, **senior officer** (a person no more than three levels of management removed from the CEO of the registrant) and **partner**. Also list any person or entity